

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILE APR 17 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10085

Do not use this space.

1. PLACE OF DEATH

(a) County Barton Registration District No. 45
(b) Township Millard Primary Registration District No. 5067
(c) City 2 Registered No. _____
(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 236 RUEY-FRANCIS - RECTOR St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. D. Rector
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26-1860
7. AGE YEARS 79 MONTHS 10 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisburg Kentucky

13. NAME Isaac Brewer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

15. MAIDEN NAME Susan Brewer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Kentucky

17. INFORMANT (ADDRESS) Eva Mann 1 St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Round Plain DATE Mar 12 1940

19. FUNERAL DIRECTOR (ADDRESS) J. B. Beery & Sons Sheldon Mo

20. FILED Mar 15 1940 Elmer L. Thomas Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 4 1940 to Mar 11 1940
I last saw her alive on Mar 8 1940 Death is said to have occurred on the date stated above, at 2:00 p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Other contributory causes of importance: Bachyria progressive 2 years

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Thomas G. Duckert M. D.
(Address) Sheldon Mo.

STATEMENT BY LICENSED EMBALMER

I, Carroll T. Beery, Licensed Embalmer No. 2385
hereby certify that the body recorded on the reverse side of this certificate was embalmed by was not embalmed
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Carroll T. Beery
Licensed Embalmer No. 2385

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)